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Health and Human Services Committee
January 19, 2018

[LB703 LB704 LB732 LB840 CONFIRMATION]

The Committee on Health and Human Services met at 1:30 p.m. on Friday, January 19, 2018, in Room 1510 of the State Capitol, Lincoln, Nebraska, for the purpose of conducting a public hearing on two gubernatorial confirmations, LB732, LB840, LB704, and LB703. Senators present: Merv Riepe, Chairperson; Steve Erdman, Vice Chairperson; Sue Crawford; Sara Howard; Mark Kolterman; Lou Ann Linehan; and Matt Williams. Senators absent: None.

SENATOR RIEPE: Thank you all very much. We're going to get started. This is the Health and Human Services Committee. I'm Merv Riepe; I'm the chairman of this committee. I come from the Millard, Omaha, and Ralston...District 12. I'm going to ask the members of this committee to introduce themselves as soon as we take this phone call. Did you like that recovery? We have some confirmations for today's agenda. The first one is going to be Michele Marsh, and this is for confirmation for the Foster Care Advisory Committee. Is that you on the phone, Michele?
[CONFIRMATION]

MICHELE MARSH: (Exhibit 1) Yes, it is. [CONFIRMATION]

SENATOR RIEPE: Thank you for joining us. We're going to ask you to present...tell us a little bit about yourself. I believe that you're currently on the advisory committee. Is that correct?
[CONFIRMATION]

MICHELE MARSH: Yes, I have attended two meetings. [CONFIRMATION]

SENATOR RIEPE: Okay. And we would like to have you, if you will, share some of the things that you think that either you or the committee have accomplished, and things that you see that we could do to improve our Foster Care Advisory Committee. So with that, Michele, I'm going to turn it over to you. [CONFIRMATION]

MICHELE MARSH: Well, thank you. But first of all, I just wanted to say that it's really a good opportunity for...to serve on this committee, and I'm really grateful that I have been selected and asked to join. I am a child psychiatrist, have been in practice almost 30 years, so I have a lot of interactions with foster children on a daily basis. So right now I am the medical director for the child and adolescent services at Immanuel Hospital. I run the day treatment program. So every day we have about 16 youth who are coming in for treatment from 9:00 to 3:00 daily and, out of those children, I would say every day there's probably three or four who are wards of the state. And so I have some very, you know, personal daily interactions, and I have been able to really see for myself some of the issues and challenges that I think are present. So I am hoping, you

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know, to be really helpful, you know, with this committee, to bring some of those issues forward and make some really positive changes. So for example, one of the observations that I have is regarding how many times foster children are changing schools when they are moved. So I mean the first issue is sometimes numerous moves in a short amount of time, from one foster home to another. And then, during that period of time, the schools will be changed. And I know that there is, you know, an expectation that whatever resources could be put in place to keep those children from having to keep changing schools is an, you know, an expectation, but I don't really see it as always being realistic or followed, you know, followed through. And I see a lot of...a lot of those school changes. So that, you know, just in my opinion, leads to the really low graduation rate, alternately, you know, for many of these children. So that is...that is a very, you know, I think, significant problem, but one that I think can be, you know, definitely improved. So the, you know, the second observation I have is just regarding, you know, the children really need to have very strong, you know, families and be protected as they grow up. And so every time, you know, it's traumatic to be removed from a home. And then subsequently, you know, numerous moves is just additional, you know, overwhelming stress at times. And so those are other, you know, really important issues to me. [CONFIRMATION]

SENATOR RIEPE: Okay, thank you very much. We're going to open this up to the committee. We have a total of seven committee members and we'll see if they have some questions they would like to... [CONFIRMATION]

MICHELE MARSH: Oh, okay. [CONFIRMATION]

SENATOR RIEPE: ...to discuss with you or have you address. Okay. Do you have one? Senator Williams has a question or a comment. [CONFIRMATION]

SENATOR WILLIAMS: Thank you, Chairman Riepe. And thank you, Ms. Marsh, for being with us. When you're talking about kids that are changing foster care and then they change schools also, what's the alternative to that? [CONFIRMATION]

MICHELE MARSH: So the alternative would be to have some resources that would provide the transportation back to their, you know, original home school. And the...you know, I guess what I end up seeing is that, if they're in...if they're in a foster home and the foster parents are, you know, are working, sometimes it's not realistic for them to be able to, you know, make that drive. And I just don't think there's always resources for like foster care specialists or other support to, you know, provide that transportation. But to me it's usually...it's a transportation issue, and the, you know, it's...I just think it's so hard for, you know, a young child to, you know, move homes and move school, and just lose all of their, you know, support, you know, that they previously, you know, had had. So they are, you know, so vulnerable when they're young and, you know,

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they're just...all of their main supports just really go away in a very...you know, overnight. So I think it would have to be, you know, a really concerted effort to, you know, really--and it wouldn't be like the same for each kid--but figuring out what are the options of really, you know, maintaining in that, you know, initial school and to really decrease the number of changes in their life, because that...that, to me, is where at some point it just becomes so overwhelming that, you know, we start to see more of the symptoms of, you know, anxiety and depression and things like that. [CONFIRMATION]

SENATOR WILLIAMS: Thank you. [CONFIRMATION]

SENATOR RIEPE: Okay. Senator Linehan. [CONFIRMATION]

SENATOR LINEHAN: Thank you, Chairman Riepe. And to follow up on Senator Williams, just going to dig a little deeper. And I know that funding would be a big, big issue on this but pretending it's not. Would there be an advantage to having a school for kids who are in foster care until...some place where they could be in school so they weren't getting switched around, until there's a more permanent answer to their situation, instead of having...I know this is...it seems like maybe if everything else is changing, maybe if they were just in the same school until the life calmed down, that would be to an advantage. Would there be any advantage in doing that? [CONFIRMATION]

MICHELE MARSH: You know I think the only problem would be...I mean I do think that there is a great advantage to what you're saying is that, if they could stay in one school, it would...it would just be logistically they may not be in foster care at first, and then, you know, they could be in fourth, fifth, sixth grade, and then they're moved. So they already have that, you know, built in support, you know, for the first three-four years, so I mean there's so many different situations. But, you know, so I think that would...that would be, you know, part of the barrier to that. Then I...you...it may also be, you know, foster parents, depending on where they live, may not want to drive, you know, to that school. But the premise of what you're saying of, you know, how do we...how do we brainstorm just to keep that one piece of their life really, really stable, because, you know, when another piece is really disrupting, it's so valuable to have another piece. You know, it's kind of like the pillars under a table and can still hold, you know, hold the support in place. [CONFIRMATION]

SENATOR LINEHAN: Thank you very much. Thank you, also, for your willingness to do this. [CONFIRMATION]

MICHELE MARSH: Oh, thank you. [CONFIRMATION]

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SENATOR RIEPE: I have a question. In terms of your day treatment program, is that correct, there at the Immanuel facility? [CONFIRMATION]

MICHELE MARSH: Right. We're actually a partial-care program, and...but they're very similar, day treatment and partial care. [CONFIRMATION]

SENATOR RIEPE: So you have foster care children in that program? [CONFIRMATION]

MICHELE MARSH: Right. [CONFIRMATION]

SENATOR RIEPE: And while they're in the program, are they still keeping up with their school studies? [CONFIRMATION]

MICHELE MARSH: So we are a really short-term crisis intervention program, average length of days usually, you know, two weeks, sometimes three weeks. But as soon as the kid is ready, you know, emotionally to return back to school, we discharge as soon as possible, because we actually do not have school here. And so we're, you know, very, very conscious of that fact. So there's no like hanging around, you know, just because they, you know, like everyone or anything. It's just as soon as, you know, emotionally they're ready for school, we will send them back. Now sometimes we'll send back, you know, a half a day at school and a half a day in the program, just to get their foot back in the door and a flow, you know, easing back into the school. You know, depending on if there...some of the stress before they were admitted here had to do with school issues and, if not, then usually we'll just discharge back to, you know, full day at school. But we're very, you know, very aware of...you know, now say like maybe 10-15 years ago, they...the school districts did provide education in, you know, the partial-care program, but no longer do that. So you know, it's kind of a tradeoff because they end up with very intensive treatment all day and, you know, one hour after hour of therapy. And so I think they end up finishing the program quicker, but that school piece is definitely, you know, we're aware of. [CONFIRMATION]

SENATOR RIEPE: Okay. Thank you very much. Are there other questions from the committee? Hearing none, we thank you very much for your participation on this advisory committee, and we commend you for the work that you're doing there at the Immanuel Center, as well. [CONFIRMATION]

MICHELE MARSH: Thank you so much. [CONFIRMATION]

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SENATOR RIEPE: Do you have any questions of us? Or if not, we will move forward.
[CONFIRMATION]

MICHELE MARSH: No, I don't have questions. I'm just grateful for the opportunity, so thank you. [CONFIRMATION]

SENATOR RIEPE: Thank you very much; thank you. [CONFIRMATION]

MICHELE MARSH: Uh-huh, bye bye. [CONFIRMATION]

SENATOR RIEPE: Bye. Our second confirmations hearing is a Miss Peg...is it Snurr?
[CONFIRMATION]

PEGGY SNURR: Snurr, yes. [CONFIRMATION]

SENATOR RIEPE: Yes. How did...well, we'll wait till you get up here and we'll have you correct me on how to pronounce it exactly. Now you can set the record straight, in terms of both how you spell it and how you pronounce it. [CONFIRMATION]

PEGGY SNURR: (Exhibit 1) My name is Peggy Snurr. [CONFIRMATION]

SENATOR RIEPE: Snurr. [CONFIRMATION]

PEGGY SNURR: And it's S-n-u-r-r. [CONFIRMATION]

SENATOR RIEPE: Okay. And would you just give us a little bit of your background and why you have served, or want to serve, and what you think you can bring to the committee?
[CONFIRMATION]

PEGGY SNURR: I would love to; thank you for having me today. I have been a special education teacher for the last 23 years, mainly here in Nebraska--I had a year in Colorado before moving back to Nebraska. And so a lot of my students have spent time in foster care, those that I work directly with and then those in classrooms that I work in. I have spent a lot my time primarily working with kids with behavior problems who have a hard time in regular classes. And so we find, if they have a hard time in regular classes, they're having a hard time in school, which means a hard time at home. And so foster care, or any type of out-of-home placement, has been very common among my students. And I feel that experience of working with

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them...sometimes with kids in foster care, the teachers in the schools that they see every day are their constant when they're able to stay in their home schools. And we kind of go through that emotional process with them. I feel that what I can bring to the table is that understanding that things can't always be as we wish. One of my...I guess one of my...kind of going off what Michele said a little while ago, keeping kids in home schools, I realize that that isn't always possible, based on where there's a home that will accept a child who needs placement right now. And I would ask that we look more toward trying to get those movements being at regular intervals of school beginning and endings, especially with high school students who are trying to receive credit to graduate. I've worked with several students who have moved in and out of districts in the middle of a semester, and they can no...the classes they were taking aren't offered at the school they are at now, or the requirements are so different from every high school, that that puts them behind in being able to graduate in a four-year time span, which is the expectation, even if they're doing well academically. And just feeling that, although I know when kids...when it's time to go home, I think that that's a wonderful thing, when we make that move back. To be with our parents and guardians is great, but I wish sometimes that we could have waited that four weeks or that six weeks, for it to be holiday break or summer break, and not have that happen in the middle of the year, so that kids don't lose what they've already been working for with that move. And I also come from the special education side of the table, where we have to have a lot of meetings with parents. Even kids who are wards of the state, their parents still have educational rights. And so, if we have a student who is in Lincoln and moves outside of Lincoln, or even in Lincoln, to a home and then, the things that we need to do to put a plan in place at school for that student is reliant on that parent being able and willing to meet with us and in some points, those kids haven't been in the home in so long, and it's actually the foster family who has a better grasp on what's going on at school. And so that balance between having someone who's caring for the child on a daily basis, but they don't have the legal input educationally as the parent does, because they retain educational rights. And I wouldn't say that I think parents shouldn't retain educational rights, but I do think that there needs to be some sort of a process in which it...having the foster family act as some sort of a surrogate in education would be beneficial in many cases when parents are not willing, or sometimes able, to be a part of that decision making. [CONFIRMATION]

SENATOR RIEPE: Where is it you reside? [CONFIRMATION]

PEGGY SNURR: I actually live in Beatrice, but I currently teach here in Lincoln.
[CONFIRMATION]

SENATOR RIEPE: Okay, okay. And the conversation that you described, is this...are you currently on the advisory board? [CONFIRMATION]

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PEGGY SNURR: I am currently on the advisory committee. I've gone to the last two meetings.
[CONFIRMATION]

SENATOR RIEPE: Okay. [CONFIRMATION]

PEGGY SNURR: I also am on a Foster Care Review Board and a probation review board, in case you would... [CONFIRMATION]

SENATOR RIEPE: What are some of the things that are addressed at the foster advisory board meetings? [CONFIRMATION]

PEGGY SNURR: We...well, we talk a lot about the things that are going on in the Legislature that may impact kids in foster care. It's already been brought up...you know, budget is always an issue and things like that. And at our last meeting, I specifically remember us talking a lot about what we felt could be done to help kids in foster care to be more successful across the board, and that's where some of the educational pieces came in, that Michele talked about and that I addressed. I think that having a group of people come together that can kind of look at all aspects of foster care, having...not having kids move as often as, maybe they do sometimes and also working on getting caseworkers. That's another thing that, I seem to see, changes often. Kids have several case managers in a short amount of time, and trying to come up with a plan so that that doesn't always change, because that's also a person that can be that constant, if we can keep people in those positions. [CONFIRMATION]

SENATOR RIEPE: As a committee, do you have goals, metrics, those types of things, so that you can see what...whether you've made some progress in a 12-month period of time?
[CONFIRMATION]

PEGGY SNURR: Well, I'm kind of new, so I'm not sure exactly what's all into place. But I do feel like we spend time talking about what we have talked about in the past and where we're all are with that and then, also, where we want to go in the future. So my hope is the longer I'm on the committee, the more aware of those kind of things I will be. [CONFIRMATION]

SENATOR RIEPE: Okay. I will open it up to the committee. Are there...Senator Linehan.
[CONFIRMATION]

SENATOR LINEHAN: Thank you, Mr. Chairman. I just have...thank you for being here; appreciate it very much. [CONFIRMATION]

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PEGGY SNURR: Oh, thank you for having me. [CONFIRMATION]

SENATOR LINEHAN: Are you...I just want to understand. So if a child--special ed, they have an IEP... [CONFIRMATION]

PEGGY SNURR: Yes. [CONFIRMATION]

SENATOR LINEHAN: ...and the parents have to...are you saying that the guardians aren't necessarily...they can't replace the parents when it comes to an IEP? [CONFIRMATION]

PEGGY SNURR: Yes, parents... [CONFIRMATION]

SENATOR LINEHAN: I know nobody can replace the parents; I don't mean replace. [CONFIRMATION]

PEGGY SNURR: Parents retain their...if parents retain their educational rights, then it is the parent that I would need to sign the legal document of the IEP. [CONFIRMATION]

SENATOR LINEHAN: So does the IEP just not happen until you can get the parent to sign? [CONFIRMATION]

PEGGY SNURR: No. [CONFIRMATION]

SENATOR LINEHAN: Okay. [CONFIRMATION]

PEGGY SNURR: We keep going, but sometimes when we're talking about, maybe, different placement decisions or different identifications or disabilities or testing... [CONFIRMATION]

SENATOR LINEHAN: You have to have (inaudible). [CONFIRMATION]

PEGGY SNURR: ...additional information that we really need the person with educational rights there... [CONFIRMATION]

SENATOR LINEHAN: Right. [CONFIRMATION]

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PEGGY SNURR: ...to help make those decisions. And that...that's where...sometimes there's that struggle with getting, especially if it's somebody who's just had their children removed and they don't want them to be wherever they are right now, sometimes we struggle with that or they're so far away or sometimes parents are incarcerated. So there is a process by which, if there is no one, a district can assign a surrogate, which is typically the foster parent or guardian or someone in the community. But it's just a process that takes time, and you have to give parents the opportunity to come, and sometimes that's far enough down the line that we're kind of missing out on getting things done quickly. Or I mean, they're still served every day. [CONFIRMATION]

SENATOR LINEHAN: Thank you very much. [CONFIRMATION]

PEGGY SNURR: Yeah. [CONFIRMATION]

SENATOR RIEPE: Okay. Are there other questions? Seeing none, thank you very much for your interest and your willingness to participate and give us some guidance. It's always important to us, and we thank you. [CONFIRMATION]

PEGGY SNURR: Thank you. [CONFIRMATION]

SENATOR RIEPE: Okay, thank you. Okay, that concludes our hearings for the day. We will now move forward to the official part of the Health and Human Services Committee. And because we've had some new senators that have arrived, I'm going to start over here to my extreme right and ask Senator Kolterman to introduce himself, for anyone new that's arrived. Senator.

SENATOR KOLTERMAN: Senator Mark Kolterman, representing District 24: Seward, York, and Polk Counties.

SENATOR HOWARD: Senator Sara Howard. I represent District 9 in midtown Omaha.

SENATOR ERDMAN: Steve Erdman, District 47.

KRISTEN STIFFLER: Kristen Stiffler, legal counsel.

SENATOR CRAWFORD: Good afternoon. Sue Crawford, senator from District 45, which is eastern Sarpy County.

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SENATOR WILLIAMS: Matt Williams, Legislative District 36: Dawson, Custer, and the north half of Buffalo County.

SENATOR LINEHAN: Good afternoon. Lou Ann Linehan, District 39, which is western Douglas County.

TYLER MAHOOD: Tyler Mahood, committee clerk.

SENATOR RIEPE: And I'm Merv Riepe. I'm chairman of the committee and I'm from District 12, which is Omaha, Millard, and Ralston. And I also want to make it a point to thank the pages that have just been so attentive to all of our needs, and we appreciate them very much. You will notice that committee members at this round table--or half round--may come and go. It's not a lack of interest in your particular bill, if you're...if it's being heard. It's simply that they do have other bills that they may have to be opening on in other committees, or other obligations. You'll also see that some of the people are on laptops, and we're trying to get clearly into the 21st century and become, really, techies. Some of the rules of engagement for the committee are: First of all, I'd ask you to turn off your cell phones, or silence them. And at the hearing session, if you're going to testify, if you would, as it gets closer, please move to the front so that we can move this hearings along so that we don't run over time and into the evening. If you intend to testify, we ask that you, when you come forward, that you will provide the orange form to one of the pages and that you will, at the microphone, that you state your name, you spell your name, and you indicate the organization that you're representing. We run on a five-minute clock, which means: four minutes on the green, one on the amber, and then the red light goes on and you'll be ejected from the chair (laughter). Well, maybe not, but...and we will...and I would say this, too, if you're in the middle of something, you may get a committee member that will afford you a question that will allow you to proceed on with...to finish your thought or, as the chairman, I may allow you to go a little bit beyond the red light. I don't like to cut people off just coldly, but we do try to rein it in, in the respect and interest of everyone else that's in attendance. If you will not be testifying at the microphone, but want to go on record as having a position on a bill being heard today, there are white sign-in sheets at each entrance, where you may leave your name and other pertinent information. These sign-in sheets will become exhibits in the permanent record, at the end of today's hearing. If you have any written materials that you wish to have distributed, we'll ask you to share those with the pages. We will need ten copies, and they will be handed out to the committee members. With that, because I have a bill that I'm going to open on, and I'm going to turn over the chairmanship to our vice chairman, which is Senator Erdman. And so with that, we're ready to go, I think, on LB732. [LB732]

SENATOR ERDMAN: Thank you, Chairman Riepe. If you would, please give us your opening statement on LB732, if you would. [LB732]

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SENATOR RIEPE: (Exhibit 1) Thank you, Mr. Vice Chairman. I'm Merv Riepe. My name is spelled Merv, M-e-r-v. My last name is Riepe, R-i-e-p-e. I represent Legislative District 12, which is Omaha, Millard, and Ralston. Today I present to you LB732. LB732 is a simple bill. It moves the annual Children's Commission report from December 1 to September 1 for each year the commission is continued. After attending the Children's Commission retreat, a discussion ensued concerning the provision of the most meaningful affirmation, the process to do that to get to the Legislature prior to the start of session. A September date will allow an opportunity to work on legislation, based on recommendations from the Children's Commission. AM1526 is also before you, for your consideration. AM1526 also updates the subcommittees of the Children's Commission reports. And these subcommittees include the Normalcy Task Force (sic--Strengthening Families Act Committee), the Bridge to Independence Advisory Committee, and the Juvenile Services Committee. Thank you for your consideration. And we have some experts that will be following me and testifying. [LB732]

SENATOR ERDMAN: Thank you, Senator Riepe. Are there any questions for Senator Riepe? Hearing none, thank you for your testimony. [LB732]

SENATOR RIEPE: Thank you, Sir. [LB732]

SENATOR ERDMAN: Proponents, those in support. Thank you for coming. If you would, please state your name and spell it; thank you. [LB732]

DAVID NEWELL: (Exhibits 2 and 3) Good afternoon, Senator Riepe and members of the Health and Human Services Committee. My name is David Newell, D-a-v-i-d N-e-w-e-l-l, and I am testifying today in my role as chairperson of the Nebraska Children's Commission, which I will refer to as the commission. I would like to begin by thanking Senator Riepe for this bill and his work with the commission, and thanking the committee for your leadership and commitment to improving the lives of children and families in Nebraska. The commission supports Senator Riepe's LB732, as amended, which increases the efficiency of the commission by modifying the submission date of required annual reports. The Nebraska Children's Commission was created in 2012, by the Nebraska State Legislature, to provide a leadership forum for collaboration on child welfare and juvenile justice reform among the three branches of government and public and private stakeholders at the state, regional, and community levels. The leadership and vision of commission members allows the body to take a long-term view of investment in children and families to create a healthy, vibrant state where all people reach their full potential. Over 250 stakeholders and community members across the state participate in the commission's initiatives, which has significant impact on child welfare and juvenile justice policy and legislation. The commission is the only statutory body that is tasked with working with all branches of government on these issues and has consistently been tasked with additional duties to improve

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outcomes for children and families in the state. The commission communicates its work and recommendations through a statutory annual report, due in December, to the Governor and the Health and Human Services Committee of the Legislature. The Juvenile Service Committee, the Bridge to Independence Advisory Committee, and the Strengthening Families Act Committee also submit statutory reports in December. LB732, and its amendment, increases the efficiency and impact of the commission and its committees by changing the date to September, allowing more opportunity for the Governor, the Health and Human Services Committee of the Legislature, the Department of Health and Human Services, and other stakeholders time to review the recommendations and reports before the regular legislative session. Thank you again, Chairperson Riepe, for introducing this bill, and the entire Health and Human Services Committee for your work on behalf of the children and families in Nebraska and your willingness to seek the input from other stakeholders who share your commitment to those children and families. I would welcome the opportunity to answer any questions you might have. [LB732]

SENATOR ERDMAN: Thank you for your testimony. Are there any questions? I don't see any questions. Thank you so much. [LB732]

DAVID NEWELL: Thank you. [LB732]

SENATOR ERDMAN: Anyone else? Any other proponents? Any opponents? Any neutral testimony? Seeing none, Tyler, are there any letters? [LB732]

TYLER MAHOOD: I do not have any letters. [LB732]

SENATOR ERDMAN: Okay. Senator Riepe, would you like to close? Senator Riepe waives closing. We'll close the hearing on LB732. Senator Riepe is up, and his next bill, LB840...you can open on that when you wish. [LB732 LB840]

SENATOR RIEPE: Thank you, Vice Chairman Erdman, friends and colleagues of the HHS Committee. I'm Merv Riepe. My first name is Merv and it's M-e-r-v, and my last name is Riepe, R-i-e-p-e. I represent Legislative District 12, which is the Omaha, Millard, and Ralston geography. Today I present to you LB840. LB840 is a simple bill. The bill requires the Foster Care Review Office to submit a report electronically on March 1st, June 1st, September 1st, and December 1st. The September 1st report is designated as the annual report. The change also provides clarification regarding reporting requirements. This change will allow the Foster Care Review Office the ability to provide the most meaningful information to the Legislature prior to the start of session. A September 1 date will allow an opportunity to work on legislation based

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on recommendations from the Foster Care Review Office. Thank you for your consideration.
[LB840]

SENATOR ERDMAN: Thank you, Senator Riepe. Are there any questions? Seeing none, thank you very much. Any proponents? Thank you for coming. If you would, please state your name and spell it, and then continue with the testimony. [LB840]

KIM HAWEKOTTE: (Exhibit 1) Sure. Good afternoon, Chairman Riepe and Vice Chair Erdman and members of the Health and Human Services Committee. My name is Kim Hawekotte, K-i-m H-a-w-e-k-o-t-t-e, and I'm the executive director at the Foster Care Review Office, and we are strongly in support of LB840. As each of you know, the Foster Care Review Office is an independent state agency that is responsible for the oversight of children in out-of-home care. And we do this by...at a twofold level: First we do over 4,000 individual case file reviews for children in out-of-home care every year and make recommendations to the relevant stakeholders on that individual case. And then, at the systemic level, we are responsible for providing all of the relevant stakeholders, including all of you, quarterly and annual reports. Under current statutes, our annual report is due December 1st and, as Senator Riepe put so eloquently, that really doesn't give anybody, any stakeholder, much time to do significant changes during a legislative session. So under LB840 it becomes very clear exactly when our quarterly reports are due and when our annual report is due; it would change it to September 1st, which is very logical. And to us it makes sense on three levels: One, our annual report always deals with fiscal year data, which our fiscal year ends June 30th. So on September 1st that would be very relevant, up-to-date data, only 30-day-old data. Second, it would mean that all reports regarding child welfare, whether from Inspector General, the Children's Commission, or us, all are coming in the month of September, so that everybody has an adequate time to take and look at it. And third, it would give all of us an opportunity because, under statute, we are to make recommendations to all of you as to what we feel needs to be done to help these children in out-of-home care. It gives us some time to see if legislation is needing or policy changes are needed, or what needs to happen in it. I do have one request, with regards to this bill, that I'd like to bring to your attention, and that's on page 4 of the introduced bill. On lines 13 and 14, it states that we're to give information regarding child welfare. We would appreciate if we could add the words "and juvenile justice," just to ensure that we don't run into issues because, under our statutory duty, we review both probation youth in out-of-home and child welfare youth in out-of-home. And we want to ensure that everybody understands our report is to also include juvenile justice data. So I would appreciate that amendment just so that there's no question from any other stakeholder as to what our role is. Thank you again for all of your concern with regards to Nebraska's vulnerable children, and I will gladly answer any questions. [LB840]

SENATOR ERDMAN: Thank you for your testimony. Are there any questions? Senator
Linehan. [LB840]

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SENATOR LINEHAN: Thank you, Senator Erdman. You just asked for a change. Do you already...you already do that? [LB840]

KIM HAWEKOTTE: We already do it. [LB840]

SENATOR LINEHAN: So you're not asking for any expansion of what you're doing? [LB840]

KIM HAWEKOTTE: Not at all. It's just a clarification so that people realize we're going to continue doing what we've always done. [LB840]

SENATOR LINEHAN: But do you have legislative authority to do it, or you've just always done it? [LB840]

KIM HAWEKOTTE: We currently do right now. [LB840]

SENATOR LINEHAN: You have legislative authority? [LB840]

KIM HAWEKOTTE: Yes, but it's just to make clear that our annual report is to include juvenile justice data, so that everybody knows. [LB840]

SENATOR LINEHAN: Which you have legislative authority to do. [LB840]

KIM HAWEKOTTE: Correct. [LB840]

SENATOR LINEHAN: Okay. So a bigger question I have, and this is just because I don't know, how do you interact with the IG? [LB840]

KIM HAWEKOTTE: With the Inspector General? [LB840]

SENATOR LINEHAN: Yes. [LB840]

KIM HAWEKOTTE: For child welfare? We interact...correct. [LB840]

SENATOR LINEHAN: Right, because there's...you...so there's some overlap, I assume. [LB840]

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KIM HAWEKOTTE: Yes and no. The way I like...yes, there is overlap. The way I like to think of it is the Inspector looks at all death and serious injury cases that happen within the state for any children in out-of-home care. Needless to say, most of those cases, being they deal with out-of-home care, we've also reviewed at some level, because we review all children in out-of-home care. So the two agencies work very closely together on each and every case, while the Inspector General is very issue specific, or only dealing with if something happens in foster care. We look at all kids that are in out-of-home care and not just... [LB840]

SENATOR LINEHAN: So when do they give the report to you? [LB840]

KIM HAWEKOTTE: The Inspector General? [LB840]

SENATOR LINEHAN: Right. [LB840]

KIM HAWEKOTTE: Mid-September, also. But... [LB840]

SENATOR LINEHAN: So if they don't give it...so then you can't include it if we have... [LB840]

KIM HAWEKOTTE: No, we really don't include it because we're dealing with different population. Most of our report deals more with data, I mean: How many children? How many moves have they had? How many placement changes have they had? All of that type information. The Inspector General's report wouldn't be at that level; it's at a different level. We work closer with the Inspector General on a case-specific level I would say, Senator, so that if Julie Rogers, Inspector General, sees an issue or a problem in a foster home or with regards to a foster child, her office and my office will be working together, getting all the relevant information to all the parties. Does that make sense? [LB840]

SENATOR LINEHAN: So you don't both...you don't do the same thing (inaudible)... [LB840]

KIM HAWEKOTTE: Not really, but we're dealing with the same population, but looking at it, I like to think, Senator, from...with different lenses and from different angles. [LB840]

SENATOR LINEHAN: Okay. All right, thank you very much for the clarification. [LB840]

SENATOR ERDMAN: Any other questions? Hearing none, thank you very much. [LB840]

KIM HAWEKOTTE: Thank you. [LB840]

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SENATOR ERDMAN: Any other proponents? Any opponents, anybody in opposition? Any neutral? Any letters, Tyler? [LB840]

TYLER MAHOOD: I do not have any letters. [LB840]

SENATOR ERDMAN: Senator Riepe, would you like to close? [LB840]

SENATOR RIEPE: Thank you, Mr. Chairman. I will briefly close in the sense of saying that we would embrace the idea of adding "and juvenile justice" to this as a friendly amendment. [LB840]

SENATOR ERDMAN: Any questions? Thank you very much. That will close the hearing on LB840. I'll turn the chairmanship back over to Senator Riepe. [LB840]

SENATOR RIEPE: Welcome, Senator Kolterman. We are now going to address LB704, change provisions relating to foreign medical graduates. And if you will please just go forward. [LB704]

SENATOR KOLTERMAN: Good afternoon, Chairman Riepe and fellow members of the Health and Human Services Committee. I am Mark Kolterman, M-a-r-k K-o-l-t-e-r-m-a-n, and I represent the 24th District in the Nebraska Legislature. I'm here to introduce LB704, a bill that makes Nebraska a more attractive place for talented medical professionals. Under current law, graduates of a foreign medical college are required to complete three years of postgraduate medical education before they're eligible to receive a physician's license. Many other states, including Iowa, only require two years of postgraduate education before being held for a license. LB704 would merely reduce our three-year period to two years. The other requirements for licensure, like testing verification by the Educational Commission for foreign medical graduates, still apply. Passing this bill will make Nebraska a more attractive place for foreign medical graduates to serve their residencies, which will in turn help our hospitals and our physicians' clinics recruit more physicians to our state. The State Board of Medicine has vetted the language and supports the change. Two representatives are here to testify on behalf of the Nebraska Medical Association, and I was...I'm bringing this bill this bill on behalf of the Nebraska Medical Association. Thank you, and I'd be happy to try and answer any questions you might have. [LB704]

SENATOR RIEPE: Are there...thank you, Senator Kolterman. Are there questions? [LB704]

SENATOR LINEHAN: I just have... [LB704]

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SENATOR RIEPE: Senator Linehan. [LB704]

SENATOR LINEHAN: Thank you, Mr. Chairman. I just...clarification so I'm not assuming something. So foreign student means they're...they're not U.S. citizens? [LB704]

SENATOR KOLTERMAN: Correct. [LB704]

SENATOR LINEHAN: Okay. All right; that's just what I wanted. Thank you very much. [LB704]

SENATOR RIEPE: Are there additional questions? Okay. Thank you, Sir. Let's go to proponents. [LB704]

DR. DOUGLAS STATES: My name is Dr. Douglas States. [LB704]

SENATOR RIEPE: Would you get to the mic and then introduce yourself? [LB704]

DR. DOUGLAS STATES: Sure. [LB704]

DR. LAURA ELLSON: May we testify jointly? [LB704]

SENATOR RIEPE: Why not? Was there...okay. [LB704]

DR. DOUGLAS STATES: Thank you, Mr. Chairman. [LB704]

SENATOR RIEPE: It may be difficult for the mic. Is it impossible? Or just... [LB704]

KRISTEN STIFFLER: It has to do with transcribing her. [LB704]

SENATOR RIEPE: What do you think, committee clerk? [LB704]

TYLER MAHOOD: I think... [LB704]

SENATOR RIEPE: Okay, is it in harmony or are you going to be...maybe we'd be better off... [LB704]

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DR. LAURA ELLSON: It will be in harmony. [LB704]

SENATOR RIEPE: ...to have one follow the other one. [LB704]

DR. LAURA ELLSON: Yes, that's fine. [LB704]

SENATOR RIEPE: That way we don't run into a question, because once the minutes are in place, there's no coming back to it. [LB704]

DR. LAURA ELLSON: Okay. [LB704]

SENATOR RIEPE: So Sir, if we could take you. You were here first, so we'd honor that. [LB704]

DR. DOUGLAS STATES: Thank you. [LB704]

SENATOR RIEPE: Okay. First come, first serve. If you'd just introduce yourself. [LB704]

DR. DOUGLAS STATES: Thank you, yes. [LB704]

SENATOR RIEPE: Spell your name. [LB704]

DR. DOUGLAS STATES: (Exhibit 1) Yes. My name is Dr. Douglas States, S-t-a-t-e-s, and I'm a family physician. I work in a residency program here in Lincoln, and I also practice in North Platte, Nebraska, for the last 22 years. So I split my time between the two offices. So approximately one year ago, I began a mission to get the law amended, or changed, to allow our foreign medical graduates that I work with and train, like Dr. Ellson here, to get a license to practice medicine after two years of their residency training. So these students have already been through medical school for four years, and they've been with us for two years, probably about 7,500 hours of training that we invest with them in those first two years. It's a three-year program in total. So currently, U.S. medical graduates, meaning students that go to UNMC and colleges like that here in the States, are required to complete one year of residency, and then they can apply for licensure. What licensure does is it allows them to do some moonlighting, which is a very valuable learning experience for our resident physicians. It's also very valuable for our rural healthcare systems and hospitals and doctors' offices, like where I work at in North Platte, because we are able to host these residents, who are licensed. They can work in our offices and help cover our urgent cares and ERs. And it allows us to help us recruit them to join our

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practices when they complete their training. So it's valuable to the residents for learning and it's valuable to rural Nebraska health systems for recruiting. So those were my two reasons to pursue this change in legislation. So we approached the Nebraska Medical Association for help in that. I've been to the Board of Health meeting last year and discussed this issue with them. I'm a member of the Lancaster County Board, as well, and they are all in support of this measure, as well as are every single colleague that I have visited with about this issue. So it is something that the majority of the medical community is in favor of doing. Many of our doctors here in Lincoln, who volunteer to teach our residents, are very familiar with our...with the skill and education of our foreign medical graduates and are perfectly comfortable with the concept of allowing them licensure after two years so that they can moonlight and so that they can be recruited. And also, there's about a two-month delay in the current regulations after they graduate before they can start their professional work, because they're not allowed to apply for a license until they finish their residency. So that's a big disadvantage that ends up resulting in many of our graduates going over to Iowa or any of the other 21 states in the U.S. that allow for foreign medical graduates to obtain licensure after two years. So we're just seeking to join that group of 21 states that already have this legislation in place. So with those comments, I do have prepared material to leave with you, as well. I'll turn it over to Dr. Ellson, because I know there's already been one question about what exactly is a foreign medical graduate. And she is perfectly equipped to address those issues. [LB704]

SENATOR RIEPE: Before we go to her... [LB704]

DR. DOUGLAS STATES: Sure. [LB704]

SENATOR RIEPE: ...I'd like to open this up to some questions... [LB704]

DR. DOUGLAS STATES: Okay. [LB704]

SENATOR RIEPE: ...if committee members have them. One of the questions I have, right out, is why now? Why not last year? Or why not next year? [LB704]

DR. DOUGLAS STATES: Well, I joined this program just about a year and a half ago. [LB704]

SENATOR RIEPE: Okay. [LB704]

DR. DOUGLAS STATES: So then this issue came to our attention at our residency program shortly thereafter. So this has just been the time frame. Initially I went to the Board of Health about a year ago, thinking that that was the approach and then learned from them, and my

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colleagues that are on that board, that it is actually needing to go through the Legislature. It's not just a rule that the Board of Health has; it was actually in statute. So this has been our course since then. [LB704]

SENATOR RIEPE: Okay. Who are we going to hear that might be opposed to this? Do you know? [LB704]

DR. DOUGLAS STATES: I don't think you'll find anyone, not that I've talked to. It's a very...it's a very friendly bill, I think, as far as most of my physician colleagues. And I've been at several meetings where it's been brought up, and I have not heard any opposition voiced to it. [LB704]

SENATOR RIEPE: Okay. With that, I'd like to go to Senator Williams. [LB704]

SENATOR WILLIAMS: Thank you, Chairman Riepe. Just one simple question, Dr. States. Do you see any issue with increasing any public safety risks by this change? [LB704]

DR. DOUGLAS STATES: Well, it's one of the things...one of the reasons I emphasize is that they do that 7,500 hours of training, and this is after their medical school, which was four years. And medical school, of course, is after their undergraduate education, so we're dealing with 29- to 36-year-old young adults who are well trained and well experienced. They are required to be in good standing in our program. They are required to have passed all the board's exams prior to being allowed to moonlight or to get licensure. So there's three parts to the USMLE medical exams and they have to have passed all three of them before they can obtain a medical license. And that's in the current statute, and we don't want to change that at all. [LB704]

SENATOR WILLIAMS: Are there any particular foreign medical schools that we see more graduates from, coming to Nebraska or the Midwest? [LB704]

DR. DOUGLAS STATES: Yeah. I think the majority of ours are from the Mediterranean schools...or excuse me, Caribbean schools. [LB704]

SENATOR WILLIAMS: Yeah. [LB704]

DR. DOUGLAS STATES: So St. Kitts and several of those schools. [LB704]

SENATOR WILLIAMS: St. Maarten? [LB704]

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DR. DOUGLAS STATES: And she'll be able to address that much, much better than I. But they... [LB704]

SENATOR WILLIAMS: Thank you. [LB704]

DR. DOUGLAS STATES: Those are schools that are many, many American physicians work, and she can address that, as well. They work as faculty and instructors over there, so they take exams the same as our U.S. medical students do. [LB704]

SENATOR RIEPE: Are the residents paid? And then I will ask her if they're paid enough. [LB704]

DR. DOUGLAS STATES: Yes, they are paid. Yes. [LB704]

SENATOR RIEPE: They are paid. [LB704]

DR. DOUGLAS STATES: So it is a paid position. They are actually employees of the University of Nebraska Medical Center. So they work at our... [LB704]

SENATOR RIEPE: And that's their source of funding? [LB704]

DR. DOUGLAS STATES: That's their source of their salaries, yes. I am paid by Lincoln Medical Education Program, which was started here in Lincoln some 30-some years ago, so. But our residents... [LB704]

SENATOR RIEPE: What's the...what's the advantage for the Med Center, as an investment, for this kind of an expenditure? Do they get a...are they getting a grant of some kind, or is this...is this simply a long-term recruitment process? [LB704]

DR. DOUGLAS STATES: Well, all resident physicians are paid. That's nationwide. [LB704]

SENATOR RIEPE: They are. [LB704]

DR. DOUGLAS STATES: And they're paid with federal dollars. It passes through entities like medical schools, is my understanding, but... [LB704]

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SENATOR RIEPE: And VA? [LB704]

DR. DOUGLAS STATES: Yeah, they are all paid positions. My son is currently in residency and will probably be 32-33 years old before he gets done with that type of training. And so they certainly need to be paid something during this last, you know, three to five to even seven years of medical training. [LB704]

SENATOR RIEPE: He'll be nearly ready for Senator Kolterman's pension retirement plan by that point in time. When the students are moonlighting, are they under--I call them students, I'm sorry--residents are under...on moonlighting... [LB704]

DR. DOUGLAS STATES: Yes. [LB704]

SENATOR RIEPE: Are they under...are they being supervised? [LB704]

DR. DOUGLAS STATES: Yes, we have very specific criteria for moonlighting. Direct supervision needs to be available, and our director of our program is responsible for making sure that supervision is available and also making sure that the resident is in good standing, meaning that they have passed all their classes, passed all their tests, and are not in any kind of disciplinary review process at our program. [LB704]

SENATOR RIEPE: And this program could be offered, or is offered, across statewide. [LB704]

DR. DOUGLAS STATES: Any, any community or any...any medical office is basically free to hire licensed healthcare professionals, so that would allow our residents to moonlight pretty much anywhere in the state that... [LB704]

SENATOR RIEPE: And they're all into general medicine, not pediatrics or... [LB704]

DR. DOUGLAS STATES: We're family medicine, yeah. [LB704]

SENATOR RIEPE: Family medicine, okay. [LB704]

DR. DOUGLAS STATES: Yeah, we are the only residency program in Lincoln. So if you're ever in a Lincoln hospital and you see residents, they are our residents. We have 24 residents that we educate. [LB704]

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SENATOR RIEPE: Okay. Are there other questions from the committee members? Senator Erdman. [LB704]

SENATOR ERDMAN: Thank you, Senator Riepe. Thank you, Doctor, for coming. I was a county commissioner for 12 years and we had a county hospital. [LB704]

DR. DOUGLAS STATES: Um-hum. [LB704]

SENATOR ERDMAN: We had several of these doctors and we appreciated those people coming to our area. One of the things that I got several calls on was their English wasn't the best, and those patients had trouble understanding them. [LB704]

DR. DOUGLAS STATES: Um-hum. [LB704]

SENATOR ERDMAN: They didn't have any trouble going to them. They trusted...once they could figure out what they were saying, they trusted them. [LB704]

DR. DOUGLAS STATES: Um-hum. [LB704]

SENATOR ERDMAN: But there was a difficult situation at times for them to be understood. Are these people screened to see if their English skills are up to...are they proficient so people can understand them? How does that work? [LB704]

DR. DOUGLAS STATES: Yes, they are. And I think Dr. Ellson can address that, too. But in many rural communities you're dealing with a slightly different situation there. We have doctors in North Platte, as well, that North Platte hospital employs, that are from foreign countries. Most of our foreign medical graduates...simply means these are American citizens. [LB704]

SENATOR ERDMAN: Okay. [LB704]

DR. DOUGLAS STATES: She's from...graduated from Iowa State. So we interview 50-60 medical students every year to take our 8. So out of those 50-60, probably 10-15 may be from foreign medical graduates. But we have a Canadian citizen, we have Dr. Ellson, and we have a California native, as well. So...but yes, definitely it's one of the criteria is their cultural proficiency, language skills, things like that, that we are definitely paying attention to when we interview. [LB704]

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SENATOR ERDMAN: Thank you. [LB704]

SENATOR RIEPE: So they can speak Californian. [LB704]

SENATOR ERDMAN: Is that a country? [LB704]

SENATOR RIEPE: I think so, okay. Okay, are there additional questions? Thank you, Sir. [LB704]

DR. DOUGLAS STATES: Thank you. [LB704]

SENATOR RIEPE: And now we will go over and ask you to, if you would, give us your name, spell your name, and then proceed forward. [LB704]

DR. LAURA ELLSON: Yeah, I'm...okay. I am Dr. Laura Ellson, L-a-u-r-a E-l-l-s-o-n. I am a first-year resident. I started this residency in Lincoln, Nebraska, in June, so after graduating from my medical school. I am a foreign medical graduate and very much a U.S. citizen. I am from Center Point, Iowa, which is about five hours east of here, and I grew up there, attended Iowa State University for my undergrad degree in biology, and then decided to go to the Caribbean for my medical school education. I was trained by U.S. professors, all...none were local to the island at all; they were all being come from the U.S. I attended classes there for two years and then, my final two years of medical school were all completed in the U.S., at U.S. hospitals, for clinical rotations. So I received the same amount of training as U.S. graduates do, I took my board...the same exact board exams that all U.S. medical graduates took. And then finally, after you receive your diploma, you are...have to be certified by the Educational Commission of (sic--for) Foreign Medical Graduates, which basically signifies, once you get that certificate, that you...your education was equivocal to those of U.S. graduates. At that point, you then apply for residencies in whichever field you are wanting to pursue. And I was wanting to pursue primary care and family medicine. A big part of going, and this is a interview process--very rigorous interview process of applying different places, one thing I was noticing with Nebraska...I was looking with various surrounding states of Iowa and where I wanted to be--was that I would not have the eligibility to moonlight here, which slightly affected--not ultimately, because I ultimately decided to come here--on if I even wanted to come train in Nebraska because I did not have those opportunities where if I would have stayed in Iowa, I would have had those opportunities. Another thing that has been brought to my attention by other graduates of the residents of this program, is the opportunity to get my license in Iowa and drive to Council Bluffs and moonlight there. So that is a...but what moonlighting does for us is: One, it's a way to get your feet on the ground prior to finally going on your own. But it also really helps with getting opportunities to visit smaller communities and see if that's where I want to practice someday, and then to get to

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know us. So if I am moonlighting in Iowa, I'm going to stay in Iowa. I'm not going to stay in Nebraska and the state of Nebraska is...will not be recruiting me, necessarily, because I'm going there, because of the current statute of the law. So foreign medical graduates are...they range. Majority in the Caribbean are U.S. graduate or Canadian citizens. All my classmates were Canadians or U.S. citizens. But the term a foreign medical graduate does include all foreign. So it kind of...there is a kind of separation, but the general term includes all members of anybody that graduated from a foreign school. So we are...we are more likely...foreign medical graduates are more likely to go into primary care, we're more likely to go in rural areas than U.S. graduates, as well. So places like the Midwest, that are very short in primary care providers, are desperately needing to recruit all physicians. And I will say my education are...is equal to all of my coresidents that are U.S. trained graduates. [LB704]

SENATOR RIEPE: Okay, thank you very much. I'm on record as liking primary care doctors. Are there other questions from the committee members? [LB704]

DR. DOUGLAS STATES: I might just...if I have a...can I just close quickly? My private medical office in North Platte, Nebraska, just hired one of our current residents who is a foreign medical graduate, so we're obviously very comfortable with their training and their experience and their medical knowledge, to bring them into our private practice and to have them help assist us in taking care of my patients of 22 years and my friends and my family in my home community. [LB704]

SENATOR RIEPE: Okay, thank you very much. Are there other questions? I would already like to encourage you to look at direct primary care as you go forward. I'm a constant salesman on it. Okay, thank you very much, both of you, for being here. [LB704]

DR. DOUGLAS STATES: Thank you, thank you. [LB704]

SENATOR RIEPE: And are there other proponents? Seeing none, are there any opponents? Seeing none, at some risk, are there any on a neutral capacity? Seeing none, do you wish to close, Senator? Senator Kolterman closes. Tyler, do we have any records? [LB704]

TYLER MAHOOD: (Exhibit 2) Yes, I have a letter, signed by Dr. Richard Azizkhan and Liz Lyons of the Children's Hospital and Medical Center, in support. [LB704]

SENATOR RIEPE: Okay. And that's it? Okay. With that, I declare the full and fair hearing on LB704. I like to use that language; I feel like a judge. And so we will...the hearing for LB704 is now closed. Thank you very much. We will now open on...Senator Kolterman will open on

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LB703, which is to provide a licensure exceptions for visiting athletic team physicians as...
[LB704 LB703]

SENATOR KOLTERMAN: Prescribed. [LB703]

SENATOR RIEPE: It is all yours, Sir. [LB703]

SENATOR KOLTERMAN: Good afternoon, Chairman Riepe and fellow members of the Health and Human Services Committee. I am Senator Mark Kolterman, M-a-r-k K-o-l-t-e-r-m-a-n, and I represent the 24th District of the Nebraska Legislature. I am here today to introduce LB703, a bill to address a gap in our medical practice statutes. This bill recognizes that physicians licensed in another jurisdiction travel to Nebraska because they are accompanying a team into our state for an athletic competition or other event. LB703 would clarify that these physicians are not unlawfully practicing medicine in Nebraska. The bill limits the exemption to just the treatment of out-of-state team while the team is in Nebraska. A similar provision is already Nebraska law for athletic trainers. It is my understanding there will be someone testifying after me that will be able to discuss this bill in further detail. Other than that, it was brought to me by the Nebraska Medical Association. And again, it's just to fill a loophole that...or a gap that's there. [LB703]

SENATOR RIEPE: Senator Erdman. [LB703]

SENATOR ERDMAN: Senator Kolterman, you may or may not know the answer to this, but as I've watched athletic events over the years, I see medical people from other teams treat their players. Are they doing that illegally, if they're doing that? [LB703]

SENATOR KOLTERMAN: Well, they're probably in violation of...technically in violation of our state laws. [LB703]

SENATOR ERDMAN: Yeah, because I've seen that happen. [LB703]

SENATOR KOLTERMAN: It does happen. [LB703]

SENATOR ERDMAN: Yeah, thank you. [LB703]

SENATOR KOLTERMAN: And we're just trying to clarify that so that we don't put them in harm's way, so to speak. [LB703]

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SENATOR ERDMAN: Okay, thank you. Just trying to clarify what they do now. [LB703]

SENATOR KOLTERMAN: Correct. [LB703]

SENATOR ERDMAN: Are they saying forgiveness is easier than permission? [LB703]

SENATOR KOLTERMAN: Correct. [LB703]

SENATOR ERDMAN: Okay. [LB703]

SENATOR KOLTERMAN: And our teams go to other states. Our team physician, Dr. Clare, used to travel with the football team on a regular basis. [LB703]

SENATOR ERDMAN: Thank you. [LB703]

SENATOR KOLTERMAN: Yes. [LB703]

SENATOR RIEPE: Do you know if there's reciprocity with other states? [LB703]

SENATOR KOLTERMAN: The next person can answer that question for you, Senator Riepe. [LB703]

SENATOR RIEPE: That's excellent. Okay. Hearing/seeing no others, thank you, Sir. Proponents. [LB703]

MATT SCHAEFER: Good afternoon. Chairman Riepe, members of the committee, my name is Matt Schaefer, M-a-t-t S-c-h-a-e-f-e-r, appearing today on behalf of the Nebraska Medical Association, in support of the bill. We want to thank Senator Kolterman for introducing the legislation. This is one of those issues, Senator Erdman, that people have noticed that is out there, and I think the Medical Association just thought it was time to fix that gap, and so that's why the bill is before you today. Some examples for you to help figure out what's going on here. Of course, Cornhusker football here in Lincoln...if Ohio State brings their team physician, that would be an example of somebody licensed in Ohio, presumably, here for a few hours working on their players. And so the exemption would cover them for their work on their team. It could also be a Georgetown basketball team coming to Omaha and beating Creighton in basketball and bringing a doctor to work on their team. And out of the collegiate area it could also be the Olympic swim trials, so there's probably physicians that work with the swimmers on the U.S.A.

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team, coming in for that event. You mentioned reciprocity, Senator Riepe. It's our understanding...I've been told that every other state in the Big Ten Conference has this sort of exemption for an out-of-state physician. So that would include our neighbors Iowa and Minnesota to the north. On a Friday afternoon, that's all I have for you, so I will wrap it up there. [LB703]

SENATOR RIEPE: A question that I would have: Is this limited to MDs and DOs or, if someone brought a chiropractor or someone brought a physical therapist, does this...is the intent that this would cover any medical or, you know, if it's an equestrian event, does it include horse massage therapists (laughter)? [LB703]

SENATOR WILLIAMS: I knew it was coming. [LB703]

MATT SCHAEFER: So this is creating exemption to the unauthorized practice of medicine statute, so I don't think a chiropractor would be under that. [LB703]

SENATOR RIEPE: Or physical therapist or... [LB703]

MATT SCHAEFER: No. [LB703]

SENATOR RIEPE: ...a team trainer or a (inaudible). [LB703]

MATT SCHAEFER: The athletic trainers already have their own legislation. [LB703]

SENATOR RIEPE: Okay. [LB703]

MATT SCHAEFER: And I have that statute cite somewhere. [LB703]

SENATOR RIEPE: What about an independent clinical horse practitioner, if they brought one along? [LB703]

MATT SCHAEFER: 38...yeah, so the athletic trainer one is 38-410. [LB703]

SENATOR LINEHAN: It's Friday. [LB703]

SENATOR RIEPE: Okay. I'm getting some message to move on. Senator Howard. [LB703]

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SENATOR HOWARD: Thank you. So I just had two very specific questions. One is if we're giving them a licensure exemption, if they do something that's outside of the bounds of their license, are we then obligated to tell their home state that they did something that would be sort of against their own license? [LB703]

MATT SCHAEFER: That I don't know the answer to that question. [LB703]

SENATOR HOWARD: So if there was sort of an inappropriate practice or anything like that. And then, what would the liability be if there was some sort of malpractice that occurred in this state? What does that look like for the physician and for the team? [LB703]

MATT SCHAEFER: I don't think it would matter whether there was an exemption or not, in that instance. [LB703]

SENATOR HOWARD: There would still be that same liability? [LB703]

MATT SCHAEFER: Yeah. [LB703]

SENATOR HOWARD: And then their liability coverage would follow them into the state, as well? [LB703]

MATT SCHAEFER: Yeah, yeah. That would be my... [LB703]

SENATOR HOWARD: Could you follow up on our obligations to report to a state if there was an issue of malpractice or something along those lines? [LB703]

MATT SCHAEFER: Yeah, okay. Absolutely. [LB703]

SENATOR HOWARD: Thank you. [LB703]

SENATOR RIEPE: You're an attorney. If someone had a cardiac arrest in the stands, and they had their doctor help out, I assume they're covered then, by Good Samaritan here in Nebraska. Is that fair to say? [LB703]

MATT SCHAEFER: That would probably be a good guess. [LB703]

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SENATOR RIEPE: Okay, okay. Are there other questions? Hearing none, thank you very much. [LB703]

MATT SCHAEFER: Thank you. [LB703]

SENATOR RIEPE: Any more proponents? Opponents? Neutral? Senator, would you like to close? [LB703]

SENATOR KOLTERMAN: Thank you very much...good questions raised. We will look into those. I know that we have talked a little bit about the medical malpractice, and I think it was run by the board that covers medical malpractice in Nebraska. I'll double-check on that. Again, our intent really is to make sure that these doctors that do come, that are MDs, are covered, have some reciprocity. So with that, I have nothing else to add. Thank you. [LB703]

SENATOR RIEPE: Thank you, Senator Kolterman. Tyler, do we have any documents, letters? [LB703]

TYLER MAHOOD: (Exhibit 1) Yes, I have a letter, signed by Danielle Kleber of the Nebraska State Athletic Trainers' Association, in support. [LB703]

SENATOR RIEPE: Okay. Okay. That...I declare there was a full and fair hearing on LB703 and, with that, we close. And with that, we are concluded for today's Health and Human Services Committee hearing. We are adjourned on Friday. [LB703]